		PART B - FEE(S) TRANSMITTAL							
RAT	. 510	his form, together wit			Commission P.O. Box 14	er for Patents	8-1450		
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	Mark W. Borgma CTS Corporation 905 West Boulevan Elkhart, IN 46514		I hereby certify States Postal Se	Continuente of Maining of Transmission					
12/	27/2004 MWDLDGE2 00000074 031677 09775169				Debra I	Debra Miller. (Depositor's name)			
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20	FC:1501 1400.00 DA FC:1504 300.00 DA				Decemb	er 20, 20	04	(Date)	
03	C: 8001 15.00 APPLICATION NO.		FIRST NAMED INVE		VENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
	09/775,169	02/01/2001	· · · · · · · · · · · · · · · · · · ·	Thomas Henr	y Tichy	CTS	-2157	7279	
	TITLE OF INVENTION: SUPPRESSION OF CURSOR CONTROL DURING TACTILE FEEDBACK OPERATION								
	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400		\$300	\$	1700	03/14/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS]		
	NELSON, ALECIA DIANE		2675		345-156000				
	1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. Mark P. Bourgeois 2. Mark W. Borgman 3. 							
	 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 							locument has been filed for	
	CTS Corporation Elkhart, Indiana, USA								
	lease check the appropriate assignee category or categories (will not be printed on the patent) : 🖵 Individual 🖾 Corporation or other private group entity 🖵 Government								
4a. The following fce(s) are enclosed: 4b. Payment of Fce(s): Issue Fee A check in the amount of the fee(s) is Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-20 Advance Order - # of Copies 5 The Director is hereby authorized by Deposit Account Number 03-1677						D-2038 is attached.	uired fee(s), or iclose an extra c	credit any overpayment, to copy of this form).	
 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature									
								ne assignee or other party in	
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	-	Mark P. Bour	-		· · ·	tration No. <u>37</u>	•		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complet this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									

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